

Case Number:	CM15-0036384		
Date Assigned:	03/04/2015	Date of Injury:	09/25/1998
Decision Date:	04/15/2015	UR Denial Date:	02/09/2015
Priority:	Standard	Application Received:	02/26/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Pennsylvania, Ohio, California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 59 year old male who sustained cumulative industrial injuries on September 25, 1998. The injured worker had a remote L4-L5 lumbar laminectomy and discectomy in 1976, not industrial related. In 1985 a second lumbar spine revision and discectomy at L4-L5 was performed after a work related fall. The injured worker is status post a two level lumbar fusion at L4-L5 and L5-S1 in 1999 after the industrial work injury in this review. In 2000, an additional automobile collision increased the injured worker's neck and back pain. Having failed conservative care the injured worker underwent a C4-C5 and C5-C6 fusion. In 2005, a L3-L4 laminectomy and discectomy was performed for L3 radiculopathy. In 2009 the lumbar fusion was extended to include L3-L4. On August 12, 2011 a total disc arthroplasty at C3-C4 was performed. A left carpal tunnel release was performed in October 2013. The injured worker was diagnosed with thoracic spine pain, lumbar degenerative disc disease, lumbago, cervical radiculopathy and lumbar radiculopathy. According to the primary treating physician's progress report on January 28, 2015 the injured worker continues to experience increasing pain in the lower back radiating to the left leg. Lumbar spine X-Rays at this office visit demonstrate interval disc degeneration at L2-3 with fusion L3-S1, no instability was noted. Current medications are not documented. The treating physician requested authorization for H-wave stimulator, as an outpatient for upper and low back pain. On February 9, 2015 the Utilization Review denied certification for H-wave stimulator, as an outpatient for upper and low back pain. Citations used in the decision process were the Medical Treatment Utilization Schedule (MTUS), Chronic Pain Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

H-wave stimulator, as an outpatient for upper and low back pain: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 116-127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 117-118.

Decision rationale: MTUS recommends H-wave stimulation as part of an overall program of functional restoration. A one-month H-wave trial is recommended as an option for chronic soft tissue inflammation or diabetic neuropathic pain only after failure of specific first-line treatment, including PT, medications, and TENS. These guidelines have not been met. The request is not medically necessary